

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/828,989	<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> <b>APR 28 2006</b>
	Filing Date	April 21, 2004	
	First Named Inventor	Deng-Yang Jan et al.	
	Art Unit	1764	
	Examiner Name	Thuan D. Dang	
Total Number of Pages in This Submission	8	Attorney Docket Number	106353B

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input checked="" type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): --Letter Accompanying Suppl. Declaration --Supplemental Declaration
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	UOP LLC		
Signature	<i>Frank S. Molinaro</i>		
Printed name	Frank S. Molinaro		
Date	4-28-06	Reg. No.	32,710

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Margherita M. Laricchia</i>		
Typed or printed name	Margherita M. Laricchia	Date	April 28, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (01-08)

Approved for use through 07/31/2006. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

0

**Complete if Known**

Application Number	10/828,989
Filing Date	April 21, 2004
First Named Inventor	Deng-Yang Jan et al.
Examiner Name	Thuan D. Dang
Art Unit	1764
Attorney Docket No.	106353B

**RECEIVED**  
**CENTRAL FAX CENTER****APR 28 2006****METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 21-0600 Deposit Account Name: UOP LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200	100
-----	-----

Multiple dependent claims

360	180
-----	-----

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
--------------	--------------	----------	---------------

- 20 or HP =        x \$50 =       

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
---------------	--------------	----------	---------------

- 3 or HP =        x \$200 =       

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims
---------------------------

Fee (\$)	Fee Paid (\$)
----------	---------------

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
--------------	--------------	--	----------	---------------

- 100 =        / 50 =        (round up to a whole number) x        =       **4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)
----------------

Other (e.g., late filing surcharge):       

\$0

**SUBMITTED BY**

Signature	<u>Frank S. Molinaro</u>	Registration No.	32,710	Telephone	847-391-2031
Name (Print/Type)	Frank S. Molinaro	(Attorney/Agent)		Date	4-28-06

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**"Official"**

CERTIFICATE OF MAILING OR TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail on the date indicated below in an envelope addressed to Commissioner for Patents; P.O. Box 1450; Alexandria, VA 22313-1450, or facsimile transmitted to the Commissioner for Patents.			
Name (Print/Type)	Margherita M. Laricchia	Fax # (if faxed)	(571) 273-8300
Signature	<i>Margherita M. Laricchia</i>	Date	<i>April 28, 2006</i>

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****RECEIVED  
CENTRAL FAX CENTER****APR 28 2006**

Appl. No. : 10/828,989  
 Applicant : Deng-Yang Jan et al.  
 Filed : April 21, 2004  
 TC/A.U. : 1764  
 Examiner : Thuan D. Dang

Confirmation No. 6914

Docket No. : 106353B  
 Customer No. : 23490

Allowed: 3/20/06  
 Issue Fee Due: 6/20/06

Mail Stop Issue Fee  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

**LETTER ACCOMPANYING SUPPLEMENTAL DECLARATION**  
**37 C.F.R. §1.67(b)**

Sir:

Please accept the accompanying Supplemental Declaration for Utility Patent Application under 37 C.F.R. §1.67(b). Applicants do not believe a fee is required with this submission; however, if a fee is required, a fee transmittal form is attached, authorizing the Director to charge such fee to UOP LLC Deposit Account No. 21-0600.

Respectfully submitted,

*Frank S. Molinaro*

Frank S. Molinaro  
 Attorney for Applicants  
 Reg. No. 32,710  
 (847) 391-2031 (phone)  
 (847) 391-2387 (fax)

FSM/mml